

2006

Arkansas' Strategic Plan for Promoting the Health and Wellness of People with Disabilities



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Promoting the Health of People with Disabilities

Introduction

The Arkansas Strategic Plan for Promoting the Health and Wellness of People with Disabilities was developed through the work of a broad coalition of representatives from the disability community, disability organizations, state agencies, and health organizations in Arkansas over a period of 18 months. Designated as a 10 year plan, the work was coordinated by the Arkansas Disability and Health Program. The framework of the plan was provided by the advisory board of the Arkansas Disability and Health Program who identified eight areas of concern to be addressed in the Arkansas Strategic Plan for Promoting the Health and Wellness of People with Disabilities. Using the International Classification of Disability and Health¹ which was developed by the World Health Organization, these areas also include reference to environmental factors that impact health (specifically community design and civic engagement).

The eight areas of concern include:

- **Health Promotion**
- **Quality Health Care**
- **Violence Prevention and Access to Justice**
- **Emergency Preparedness**
- **Civic Engagement**
- **Community Design**
- **Life Span Issues**
- **Surveillance**

Workgroups were formed to develop objectives and activities around each of the eight areas of concern. During the process of plan development , three overarching issues were repeatedly addressed: 1) policy, 2) education/awareness and 3) access. Within each of the eight areas of concern, there are objectives that address each of these overarching issues.

Introduction (continued)

Family members and people with disabilities as well as representatives from the following organizations participated:

Arkansas CAN-Do Committee

Arkansas Commission on Child Abuse, Rape and Domestic Violence –UAMS

Arkansas Department of Health and Human Services

Division of Aging and Adult Services

Division of Health

Division of Developmental Disabilities Services

Arkansas Disability Coalition

Arkansas Governor’s Developmental Disabilities Council

Arkansas Governor's Commission on People with Disabilities

Arkansas People First

Arkansas Rehabilitation Services

Arkansas Spinal Cord Commission

Arkansas State Independent Living Council

Community Health Centers of Arkansas

Delta Resource Center

Disability Rights Center

Arkansas Head Start State Collaboration Office

Mainstream Independent Living Center

Spa Area Independent Living Services

Partners for Inclusive Communities – UAMS

The Arkansas Disability and Health Program was established through funding from the National Center for Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention. Its offices are located at Partners for Inclusive Communities, a program of the University of Arkansas for Medical Sciences. The primary mission of the program has been to conduct surveillance of disability and associated secondary conditions, to promote the health of people with disabilities and to prevent secondary conditions among people with disabilities.

Impact of Disability in Arkansas

According to the 2000 census, over 54 million people in the United States live with a disability. This represents 19% of the population. In Arkansas, data from the Behavioral Risk Factor Surveillance Survey² (BRFSS) indicates that approximately 24% of non-institutionalized adults have some type of disability. Among these individuals, 31% reported that they needed assistance with either personal care needs or routine needs. Rates of disability are most likely underreported, since this survey excludes those under the age of 18, people in hospitals or nursing homes, and those unable to participate in phone interviews.

Other findings from the BRFSS indicate significant disparities between Arkansans with disabilities and those without disabilities. These findings include:

- ◆ **People with disabilities are more often smokers, overweight, and physically inactive.**
- ◆ **Poor physical and mental health are more likely to be reported by people with disabilities.**
- ◆ **Access to health care is an issue for people with disabilities since significantly more report being unable to see a doctor because of cost.**
- ◆ **Rates of chronic diseases such as diabetes, asthma, arthritis, and cardiovascular disease are 2-3 times higher for people with disabilities.**

Health Promotion

Definition

Health Promotion is a process of enabling people to increase control over and to improve their health.³

Rationale

Healthy behaviors can reduce the risk of chronic diseases. People with disabilities in Arkansas are at an increased risk for chronic diseases such as diabetes, heart disease, asthma, arthritis, and stroke. According to BRFSS data regarding health behaviors, persons with disabilities in Arkansas are less likely to exercise, are more often told to lose weight, smoke more, and do more binge drinking than those without disabilities.² Health promotion programs influence people to make better choices about their health and develop lifestyles that enhance their well being in areas such as physical activity and nutrition, preventive health (such as receiving recommended vaccinations and annual medical exams) and injury prevention.

Education/Awareness

Increase awareness among people with disabilities and their families of the importance of health and wellness through health behaviors: exercise, nutrition, smoking cessation, preventive health screenings, healthy sexuality, stress management, drug and alcohol awareness and STD prevention.

Activities

- ◆ Increase awareness of the impact of exercise and nutrition on health and wellness through presentations, exhibitions, and dissemination of information at conferences and meetings attended by people with disabilities.
- ◆ Implement a peer mentoring program that identifies people with disabilities to serve as health mentors for other people with disabilities.
- ◆ Identify people with disabilities who will conduct training on disability awareness and on the importance of people with disabilities receiving appropriate health and fitness information.
- ◆ Disseminate information on health and wellness, including nutrition and exercise, in physicians' offices and waiting rooms.
- ◆ Request a resolution from the Governor that promotes health and fitness for all Arkansans including people with disabilities.

Policy

Promote policy in health agencies/organizations which requires accommodations and adaptations of all health promotion materials and programs.

Activities

- ◆ Advocate for the adoption of policies that include people with disabilities in the development of all health promotion activities and campaigns.
- ◆ Promote health policies that addresses the health and wellness of people with disabilities.
- ◆ Promote the use of universal design in the development of all health and wellness publications.

Access

Promote health promotion programs that include people with and without disabilities.

Activities

- ◆ Collaborate and participate with agencies and organizations in development and dissemination of health promotion materials which include information pertaining to people with disabilities.
- ◆ Develop an accessible multimedia campaign focused on the benefits of healthy living habits for all people, including people with disabilities.



Definition

Quality health care is the degree to which services produce the desired health outcomes for individuals or populations. It is a partnership between a person and a health care provider that is available when needed, responsive to the needs of the person, and competently delivered.

Rationale

All people, including those with disabilities, must be prepared to play an active role with their health care providers. Health care is limited when either side of this partnership does not have accurate information, does not know how to identify or articulate needs or lacks the skill to deliver or request the services.

Health care disparity is a major concern in Arkansas. Access to health care varies widely in the state depending on place of residence, type of insurance or ability to pay, type of medical problem or disability, and ability to navigate the health care system. The removal of barriers for access to primary and preventive care and other components of health care is important for the elimination of health disparities.

Education/Awareness

Improve the knowledge level of people with disabilities, their families, health workers and public health officials regarding the health and wellness of people with disabilities.

Activities

- ◆ Improve the health literacy of people with disabilities through trainings and conferences.
- ◆ Educate physicians, oral health professionals, mental health professionals and other allied health professionals regarding the health and wellness of people with disabilities through disability related continuing education.
- ◆ Incorporate disability information into training curriculum for medical residents, oral health students, social work/counseling students and other allied health students.
- ◆ Train medical professionals and other providers about referral options for disability services.

Policy

Work with the state public health system to expand the service array to better meet the needs of people with disabilities.

Activities

- ◆ Advocate for changes to Medicaid and other insurance program policies to improve access to prescription medications, dental health services, mental health services, and appropriate medical services.
- ◆ Identify policy incentives to increase the number of physicians who accept Medicaid patients.
- ◆ Advocate for policies which increase the number of clinics/health care services for the uninsured and underinsured (such as sliding fee scale payments).

Access

Ensure access to primary and preventive health care services and durable medical equipment.

Activities

- ◆ Provide technical assistance and incentives for health care settings to improve physical access.
- ◆ Improve training programs and incentive programs to provide more options for primary and specialty care in rural areas.



Definition

Violence Prevention includes system level strategies, policies and actions that prevent violence from occurring. These efforts address exposure to risk factors, promoting protective factors, and primary, secondary and tertiary interventions. Violence prevention efforts also address perpetration, victimization and bystander attitudes and behaviors.

Access to Justice refers to the fact that the Americans with Disabilities Act⁴ (ADA) requires that: no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subject to discrimination by any such entity. Justice in this plan includes both victims rights services and the criminal justice system.

Rationale

While data regarding the magnitude of violence in the lives of people with disabilities is limited, published information⁵ indicates that this is a major health concern. From analyzing studies that are available, we know that people with disabilities are at increased risk for sexual and physical violence.

Sobsey and Doe (1991)⁶ found that as many as 83% of women with developmental disabilities are victims of sexual assault.

Nosek, Howland, Rintala, Young and Champong (2001)⁷ found that 62% of women with physical disabilities experience some form of abuse in their lifetime. They also found that the intensity and the duration of abuse is higher for women with disabilities.

Rational (continued)

Valenti-Hein and Schwartz (1995)⁸ indicated that 90% of people with developmental disabilities will be victimized by sexual violence at some point in their lifetime. Forty percent of the victimized group will experience 10 or more abusive incidents.

Arkansas data shows that victims with disabilities have difficulties accessing services and supports. A statewide needs assessment conducted by the Arkansas Commission on Child Abuse, Rape and Domestic Violence⁹ indicated the primary obstacles facing women with disabilities who become victims of violence are:

- limitations of services due to the need for accommodations,
- lack of awareness of the vast and varied needs of those with disabilities,
- negative experiences with the system, and
- lack of transportation to available services

The purpose of our violence prevention efforts is to end crimes of violence against persons with disabilities. It is recognized that for our efforts in Arkansas, effective prevention and intervention programs must be developed and implemented. This includes access to services and supports for both victims and offenders with disabilities.

Education/Awareness

Increase knowledge and awareness of abuse and violence in the lives of people with disabilities.

Activities

- ◆ Conduct training sessions to inform people with disabilities (and the people that serve them) about healthy relationships, boundaries, sexuality, safety and rights.
- ◆ Provide educational opportunities for medical and educational professionals, victim service professionals, families, disability service providers, law enforcement, advocates, judges and the general public about violence in the lives of people with disabilities.
- ◆ Include images and information about people with disabilities in multi-media campaigns to educate the public about preventing violence and promoting safety.

Policy

Advocate for policy implementation that ensures access to the victims rights system, criminal justice system, and law enforcement protection to the full measure of due process.

Activities

- ◆ Promote the use of surveillance data about violence and disability to guide policy development and implementation.
- ◆ Encourage the adoption of policies within the victim rights system and the criminal justice system to promote training, affect attitudinal change and ensure access for people with disabilities.

Access

Increase the ability of the criminal justice system and the offender management system to be responsive to the needs and experiences of persons with disabilities.

Activities

- ◆ Identify persons with disabilities and advocates to participate on multidisciplinary community response teams to increase collaboration, build capacity and improve access.
- ◆ Work within state judicial districts to educate and advise on ADA compliance to ensure access to the legal system for both victims and offenders with disabilities.
- ◆ Ensure that accommodations are provided for people with disabilities by all these systems through the provision of training and technical assistance.

Silent Witness of a woman with a disability who was killed in Arkansas, 2005.



Definition

The American Red Cross defines an emergency as any "unplanned event that can cause deaths or significant injuries to employees, customers, or the public; or that can shut down your business, disrupt operations, cause physical or environmental damage, or threaten the facilities financial standing or public image".¹⁰ Emergency preparedness then is the training of resources and operational planning to effectively manage an emergency event. This includes plans or preparations made to get ready for an emergency or disaster, to save lives, and to help response and rescue operations.

Rationale

Typically, emergency preparedness and response systems are designed for persons without disabilities. Findings from a recent survey of county level emergency managers across the nation¹¹ indicate:

- ◆ People with disabilities either were not represented or had minimal representation in the emergency planning process.
- ◆ The G197 Emergency Planning and Special Needs course which pertains to people with disabilities was completed by only 27% of county emergency managers.
- ◆ Only 20% of the emergency managers reported having specific guidelines in place to assist people with mobility impairments during emergencies.

These findings indicate that people with disabilities could experience significantly more risk of injury or death in the event of an emergency. Arkansas should better prepare Arkansans with disabilities and the emergency response system to reduce these risks.

Education/Awareness

Inform people with disabilities, their families, emergency planners and first responders regarding emergency preparedness for people with disabilities.

Activities

- ◆ Provide training to people with disabilities, their families, emergency planners and first responders regarding emergency preparedness for people with disabilities.
- ◆ Advocate for the inclusion of people with disabilities in emergency drills and exercises.
- ◆ Conduct an advertising campaign to encourage people with disabilities to keep medical and emergency contact information in a pre-designated place.

Policy

Work with emergency preparedness and response agencies as well as disability organizations to ensure coordinated efforts and share resources.

Activities

- ◆ Develop collaborations between disability agencies/organizations and emergency preparedness/response agencies to ensure coordinated efforts and share resources.
- ◆ Advocate for policies within the Arkansas Department of Emergency Management that require representation of people with disabilities in county level planning functions.

Access

Ensure access for people with disabilities before, during and after emergencies.

Activities

- ◆ Advocate for the inclusion of people with disabilities and advocates in state and local level emergency planning teams to ensure that plans meet accessibility guidelines.
- ◆ Provide technical assistance to emergency response and recovery agencies to ensure access for people with disabilities; before, during and after emergencies (i.e. communications, evacuation procedures, shelters and recovery operations).

Definition

Community and civic engagement comprises a wide range of activities including social encounters with neighbors, volunteering, and participation in community planning and political activities, all of which link a person with his or her community.

Rationale

The ability to actively participate in one's community is closely tied with life satisfaction. However, half as many people with disabilities (33%) say they are very satisfied with life in general, compared to people without disabilities (67%).¹²

People with disabilities should have equal opportunities to participate in community activities. People with disabilities are less likely to go to restaurants at least once per week than people without disabilities (40% versus 59%), less likely to have graduated from college (12% versus 23%), less likely to attend religious services at least once per month (47% versus 65%), and are less likely to be registered to vote (62% versus 78%).¹²

Removing barriers to participation can bridge the gap of involvement, thus enriching our communities and increasing life satisfaction.

Education/Awareness

Increase opportunities for community involvement through education regarding: employment, volunteerism, education, government processes, and recreation.

Activities

- ◆ Increase opportunity for civic engagement (i.e. employment, volunteering, education, and religious activities) through training of community/business leaders, volunteer coordinators, civic group leaders, politicians, and school counselors about inclusion of persons with disabilities.
- ◆ Provide persons with disabilities and their families with information about opportunities for involvement in civic activities (i.e. employment, volunteering, education, and religious activities) through newsletters, outreach, etc.
- ◆ Provide public information on accessible voting options across Arkansas to increase voter registration/participation by persons with disabilities.

Policy

Encourage and support people with disabilities to participate in government through involvement on advisory boards, governmental committees, policy planning groups, political campaigns, and legislative task forces.

Activities

- ◆ Promote the adoption of policy which includes people with disabilities on community task forces and committees making policy recommendations.
- ◆ Work with state level judicatories for different faith based organizations to adopt policies for their congregations which support inclusion, accommodations and access for people with disabilities.



Access

*Promote accessible transportation, housing and urban planning. **

Activities

- ◆ Provide technical assistance to improve access to civic engagement activities (i.e. employment, volunteering, education, and religious activities).
- ◆ Support community organizations in creating accessible accommodating environments.
- ◆ Monitor accessibility of statewide polling places.

** Access to civic engagement activities is dependent upon good community design. Refer to the Access objective of the Community Design goal.*

Definition

Community design is the purposeful arrangement of space and building structures and the promotion of the highest standards of quality in design and construction of the built environment to better serve the community.

Rationale

Individuals, including those with disabilities, may not participate in community activities because of environmental or attitudinal barriers. The Americans with Disabilities Act (ADA)⁴ provides legal guidelines for community accessibility of programs and services. Universal Design, which is the design of products and environments to be usable by all people, to the greatest extent possible without the need for adaptation or specialized design, provides useful, practical methods of achieving accessibility. The use of universal design principals by organizations and businesses can remove physical barriers and promote more participation of individuals with disabilities in communities including parks, faith based organizations and reception halls, shopping centers, restaurants, hospitals, government buildings, and offices.

Education/Awareness

Disseminate information to educate/influence the development and design of our communities in ways that promote universal design.

Activities

- ◆ Disseminate “how to papers” to educate/influence the development/design of our communities.
- ◆ Inform people about the use of universal design principals in community planning.
- ◆ Educate the construction industry about the benefits of universal design.
- ◆ Increase the awareness of the importance of community design through newsletters, printed materials, and training.
- ◆ Highlight advantages of the successful application of universal design.

Policy

Promote policy and laws which incorporate universal design of communities at state and local levels.

Activities

- ◆ Share information and data with state and local leaders to promote policy and laws which incorporate the use of universal design in communities. (businesses, recreational sites, individuals' homes, public service facilities) .
- ◆ Advocate for policies that ensure adequate accessible housing is available for persons with disabilities.
- ◆ Advocate for policy that includes "visitability" in housing developments.

Access

Promote accessible transportation, housing, and urban planning.

Activities

- ◆ Advocate for the improved maintenance and design of sidewalks and streets to ensure accessibility for all; including bicycle lanes that can also be used for wheelchairs, timed lights at cross walks, wider sidewalks, and curb cuts.
- ◆ Advocate for improved transportation options throughout the state.



Definition

Life Span issues are a set of concerns and problems encountered by a person in specific life stages.

Rationale

Persons with disabilities may require long-term health care services; therefore, a cycle of life stages and transition issues should be addressed. There needs to be a seamless transition between health care and community care services to maximize a person's functional capacity, ensure continuation of services, and avoid adverse health outcomes or loss of independence and productivity.

New resources and services are often required during transitions especially from early intervention to school, from school to work or living in the community, and throughout various stages of the aging process. It is important for people with disabilities to have information and options, as well as resources and contacts with others in similar situations so current and future needs can be addressed. This need is well documented in the Olmstead Plan of Arkansas.¹³ This transmission of information, technical assistance, and support can have a positive effect on the mental health and well-being of persons with disabilities.

Education/Awareness

Promote awareness and supports of people with disabilities, families, caregivers, and service providers through life span transitions.

Activities

- ◆ Increase communication and collaboration between secondary schools and post secondary education to increase the number of students with disabilities who successfully pursue higher education.
- ◆ Provide technical assistance regarding the referral sources for services and supports.
- ◆ Assist parents/caregivers through dissemination of information as they guide individuals with disabilities through transitions and confront issues such as dating and sexuality and increasing independence.
- ◆ Build support network (i.e. families, disability service providers, mental health providers, support groups, spiritual supports) of and for individuals with disabilities as they transition and face issues such as marriage, parenting, independent living, or the loss of a parent.
- ◆ Support collaboration and communication between state agencies, non-profit organizations, and self advocacy organizations to provide coordinated care and family support systems for persons with disabilities as they age.

Policy

Increase continuity of services through the implementation of policies that address appropriate and timely transitions through life stages and service systems.

Activities

- ◆ Support the successful implementation of policy which provides uninterrupted services as children transition from early intervention services to preschool and from preschool to school and from school to adult services.
- ◆ Promote policies that allow for choice of least restrictive environment.

Access

Increase access to appropriate services across the life span.

Activities

- ◆ Increase communication and collaboration between pediatric and adult health care providers to improve access to health care services as people transition from adolescence to adulthood.
- ◆ Support collaborations in the implementation of recommendations included in the Arkansas Olmstead Plan.



Definition

Disability surveillance is the process of collecting information such as incidence (number of new cases during a specific time period) and prevalence (current total number of cases) of disability, use of health care services by people with disabilities, and factors that contribute to good health and quality of life of people with disabilities.

Rational

Evidence-based practice is driving the health care system. Decision-making and action should be based on reliable data. Policy makers, advocates, and providers need data to make informed choices about people with disabilities and their health. There are many sources of data including BRFSS, National Health Interview Survey, and the United States Census data. A greater awareness is needed of existing data and how it can be used for decision-making. There are also many gaps in the data available on disability issues especially at the regional and county level and among sub-groups of individuals with specific disabilities. Data collection and analysis will focus on the incidence, circumstances, and consequences of disabilities so effective planning, program development, evaluation, reporting, and dissemination can occur.

Facilitate the collection, analysis and dissemination of data on disability with a focus on health status, health behaviors, preventive care utilization and identification of health disparities.

Activities

- ◆ Collect health statistics regarding people with disabilities.
- ◆ Increase data collection and dissemination of statewide information related to disability.**
- ◆ Form a task force to review current sources of data related to disability,** to determine current state of data collection.
- ◆ Identify and recommend a comprehensive approach to surveillance systems and data dissemination efforts in Arkansas.
- ◆ Work with existing state level agencies to collect information on violence and disabilities.

*** (Health Behaviors, Violence Rates, Preventive Services, Chronic Diseases, etc..)*

Provide relevant information based on research for planning, implementing and evaluating programs and services for people with disabilities.

Activities

- ◆ Identify proven intervention strategies to address the health of persons with disabilities. **
- ◆ Identify proven intervention strategies to use with persons with disabilities who have perpetrated violence.
- ◆ Improve availability of research and increase data collection and dissemination of information related to disability and health. **
- ◆ Provide recommendations based on health statistics to policy makers.

*** (Health Behaviors, Violence Rates, Preventive Services, Chronic Diseases, etc..)*

Definitions

Disability - According to Healthy People 2010 disability is the general term used to represent the interactions between individuals with a health condition and barriers in their environment.

Developmental Disability - Arkansas Statute Annotated §20-48-101 and Arkansas Act 729 of 1993 establish the diagnosis of developmental disability. To summarize the law: *A person must have mental retardation, or cerebral palsy, or epilepsy, or autism, or a disorder closely related to one of the above conditions that results in an impairment of general intellectual functioning or adaptive behavior similar to those of persons with mental retardation or requires treatment and services similar to those required for such persons, or dyslexia resulting from one of the above.*

Persons with Disabilities - According to Healthy People 2010 persons with disabilities are people identified as having an activity limitation or who use assistance or who perceive themselves as having a disability.

Secondary Conditions - People with disabilities often develop additional medical problems that are causally related to their disability and that may be more debilitating than their primary disability. The term "causally related" is used here because the medical problem would not occur without the existence of the disability. These medical concerns are called "secondary conditions."

Visitability - refers to single-family housing designed in such a way that people with disabilities can visit: Definitions on basic requirements vary, but most include at least one no-step entrance, doors and hallways wide enough to navigate through and a bathroom big enough to get into with a wheelchair and close the door.

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